President's Report
January 2012

**Fit to a T-Osteoporosis Education and Outreach** See attachments

Since attending a presentation on Osteoporosis at the July 2011 NACW conference the LACCW has been working closely with Shari Maier and Toby King representatives of the Fit to a T campaign to educate women in Los Angeles County about Osteoporosis. We have developed an excellent working relationship with Geraldo Rodriguez, Program manager for Los Angeles County Community and Senior Services. The Fit to a T staff and myself presented the Fit to a T program to the CSS Directors at their monthly staff meeting. Center directors agreed to offer the Fit to a T program at their centers.

I initiated the first one in District 2 at the Willowbrook Center. Sandra Hamilton, Center Director organized an engaging event for approximately 50 participants. I also worked with Sylvia Soto, Senior Center Specialist to organize the second one in District 1 at the East Los Angeles Service Center. Ms. Soto coordinated a successful event for more than 50 participants. Audience members at both events asked a lot of questions and requested more health education events. The Antelope Valley Senior Center in District 5 has requested the next presentation. Ofelia Parris is the Director. I would like to invite District 5 commissioners to take the lead by contacting Ms. Parris.

The Osteoporosis Foundation has developed a train the trainer model for support groups. Judy Chandler, MPH, health education specialist is the contact at www.nof.org. Susan Recker a support group leader is also available to help organizations or individuals interested in developing a group. Ms Recker can be contacted by telephone at (402) 333-1177.

Kathleen Cody, Executive Director, American Bone Health continues to work with us to secure Dexa equipment for Los Angeles County. Kaiser Hospital's Community Benefits department is interested in working with the LACCW and DPH to develop an Osteoporosis advisory committee.

**LACCW Scholarship recipient update**

Jasmine Torres (DCFS) a sophomore at USC was selected to speak at the Opportunity Nation: The Shared Plan to Restore Opportunity conference at Columbia University. From Access to Completion: Starting Early, Staying in School and Earning a Credential panelist included Dr. Blfanz, Research Scientist, John Hopkins; Wendy Kopp, CEO, Teach for America; John Pepper, Chairman of the Board, Walt Disney Company, Dr. Williams, President, Delaware State University and Jasmine Torres. Additional information can be found at http://www.opportunitynation.org/pages/summit-program and http://www.youtube.com/watch?v=_bDy0wpN-3A

Dr. Sanchez a professor at USC selected Ms. Torres to represent the university this summer in Japan to discuss foster care programs.

Nayeli Araiza (DCFS) a 2005, 2006, 2008 and 2010 awardee completed her studies at Cal Poly Pomona. Nayeli also interned at DCFS for a semester before being accepted to Columbia University this past fall. Upon completing her Masters in Social Work, she is interested in working for UNICEF on an Emergency Response Team. She is also an active member of California Youth Connection an advocacy group for foster care children. She worked on legislation that allows emancipated foster youth attending a public college or university to stay in student housing during winter, summer and spring breaks.

Nursing majors - Maria Caballero, Dean, School of Nursing and Allied Health and I are planning the next breakfast meeting for nursing students. Some of our nursing majors at Cal-State Universities are struggling to get their required classes while others are preparing to apply for highly competitive nursing programs. We will be discussing these issues as well as exam preparation and scholarship opportunities.

**Community Health and Wellness projects**
Discussed with Dr. Neal Kaufman the need for more Diabetes education and outreach to underserved communities. I was invited to participate in a Diabetes policy roundtable discussion in March.

Districts 4 and 2 have completed a community health and wellness activity. District 2 will be developing a second activity.

RENEW Los Angeles County Department of Public Health See attachment
In addition to the attached December message from Cindy Young, Policy Analyst, the LACCW continues to support and assist the RENEW staff. The grant is ending in March. The CEO approved the revised Lactation Accommodation Policy and it now needs to be approved by the unions and HR before training for Return to Work Coordinators can proceed. RENEW want to ensure there is enough time to provide support with the implementation of the policy. I have requested a status update from HR.

**District 2 Empowerment Congress** See attachment
Participated in the 20th annual empowerment congress summit with the Assistant Superintendent of the Lennox School District, Lennox School Board Member, Chair of the Lennox Coordinating Council and other Lennox community leaders. KCRW's Warren Olney was the master of ceremonies and the Rev. Al Sharpton gave the keynote address. Dr. Max Nikias, President of USC welcomed approximately 2000 in attendance. Supervisor Mark Ridley Thomas organized a successful summit that provided workshops on the Environment, Public Safety and Justice, Arts and Culture, Mental Health, Human Services, Senior Services, Community Capacity, Realignment, Health and Education. I attend the workshop on the Affordable Care Act: How the 2nd District is Benefiting from Health Reform.

| | |
|---|---|
| **Subject:** | USBJI Newsletter - Winter 2012 |
| **From:** | usbjdnotices@usbjd.org (usbjdnotices@usbjd.org) |
| **To:** | ybecerra@ymail.com; |
| **Date:** | Tuesday, January 24, 2012 6:16 PM |

Please see attached USBJI Newsletter – Winter 2012. We encourage you to distribute this newsletter to colleagues and to society members.

Highlights:



For a higher print quality version of the newsletter, please go to www.usbjd.org/rd/?2012Winter.

U.S. Bone and Joint Initiative
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Bone and Joint Initiative USA

*Published for Friends of the Initiative*

I N S I D E



Volume 14, Issue 1 Winter 2012

# The Value in Musculoskeletal Care Summit

*by Karen Zabel*

On October 12th and 13th, 2011, more than 125 stakeholders in musculoskeletal care, representing patients, providers, payers, government, industry and professional organizations, convened in Washington, D.C., in the first of planned biennial summits hosted by the U.S. Bone and Joint Initiative (USBJI) to continue dialogue on critical issues in the musculoskeletal arena. The topic of this first summit was the value of musculoskeletal care. In addition to providing a platform for discussion and interaction, another clear goal of the Summit was to develop a consensus statement on value that would serve as an action framework for future activities, including advocacy at local, state and national levels.

"The primary goal of the summit was to provide an opportunity for patients and members of participating organizations to share their views and to address issues of common concern, and that goal was achieved," said USBJI President Kimberly Templeton, M.D. "The summit highlighted to the groups, and to the Initiative as a whole, the advantages of working together and joining voices to improve the care of patients with musculoskeletal conditions."

*Kimberly Templeton, MD*

*Steve Gnatz, MD, MHA*

*Dr. Gunnar Andersson, Brenda Frederick, Dr. Edward Puzas*

Co-chaired by Gunnar B.J. Andersson, M.D., PhD., Steve Gnatz, M.D., MHA, and David Pisetsky, M.D., PhD., the summit was divided into three areas of focus: how to define value in musculoskeletal care; how to measure value in musculoskeletal care; and the role of industry in providing value in musculoskeletal care.

At the opening of the summit, Dr. Pisetsky set the tone for discussion with a few comments on value.

"Value is clearly something different from cost-effectiveness and clearly different from quality," he said. "We often hear the maxim, 'if something is worth doing, it's worth doing well;' but with regard to value, we need to ask, 'If something can be done well, is it worth doing?' That's really the difference. We usually think of output in terms of outcomes, but in the case of value, we need different parameters."

The concept of value is at the forefront of healthcare reform, and efforts to define and promote value is a crucial step in ensuring appropriate outcomes, as well as adequate funding for research and care. Being able to show the value of care will become even more critical as individuals are asked to bear a greater share of costs under healthcare reform.

*David Pisetsky, MD, PhD*

"In another few years, many families will begin to write checks for their own healthcare, and as more Americans write checks, cost considerations become even more important," said Alan Korn, M.D., FACP, who serves as both chief medical officer and senior vice president in the office of clinical affairs for the Blue Cross and Blue Shield Association.

*Allan Korn, MD, FACP*

"Most American families depend on employer-sponsored insurance for their health coverage, yet premiums and out-of-pocket expenses for families with employer-sponsored plans are rising at an unprecedented pace," noted speaker William Martin, M.D, medical director of the AAOS. "Unless something is done, healthcare costs will continue to eat away at family budgets, compromising families' ability to pay their bills, buy a home, or save toward long-term goals such as their retirement or their children's education."

Throughout the summit, many of the presenters discussed the need for patient

Continued on page 2












## *Additional Summit Speakers*

First Row: *Amye Leong, MBA; E. Andrew Balas, MD, PhD; Matthew Liang, MD, MPH; Anna Tosteson, ScD; Edward H. Yelin, PhD, MCP*
Second Row: *Debra Lappin, JD; Michael T. Rapp, MD, JD, FACEP, Janet Woodcock, MD*
Third Row: *Vibeke Strand, MD, FACP, FACR; Greg Keenan, MD; Sherine Gabriel, MD*
Fourth Row: *Shamiram Feinglass, MD, MPH; William Robb, III, MD; Lane Koenig, PhD; Sigurd Berven, MD; Mary Crow, MD*

*William Martin, III, MD*

input in defining value, as well as the need to develop a better understanding of what constitutes "value" from a patient perspective, compared to the perspective of a healthcare provider or payer.

*Jean Slutsky, PA, MSPH*

In her presentation, Jean Slutsky, P.A., M.S.P.H., director of the Center for Outcomes and Evidence of the Agency for Healthcare Research and Quality (AHRQ), recalled a collective outcry from angina patients who were concerned that quality-of-life measures that were important to them personally were not included in endpoints for a study on the condition.

"There was a tsunami of anger among the patients we interviewed, because for them, the primary endpoint actually was angina and how they could carry on their daily activities," she said. "Being able to interact with their grandkids on a daily basis was much more important to them than if they had a couple more years of life. So one of the keys to understanding value is to begin by understanding that what value may mean to me may not be what it means to the next person."

Summit speakers and audience members agreed that the concept of value is highly subjective and personal, influenced by myriad elements, including – among many others – socioeconomic factors, age, gender and expectations. The value equation often cited by speakers from an article in the New England Journal of Medicine in which Michael Porter et al[1] suggested the value equation include the following components – $Value = \frac{Quality\ (or\ Outcomes)}{Costs}$ – was referenced in many of the discussions, and summit participants debated the relative usefulness of available methods for measuring quality, and the proposal that it is patient-centered outcomes that should be the numerator.

At the end of the first day, summit participants divided into disease-specific work groups (including arthritis and joint replacement, bone disease, spine including deformity, and injury and trauma).The participants then met in interdisciplinary work groups, to discuss four topics central to the development of the consensus statement: definition of value; measurement of value; advocacy issues; and the role of professional organizations. The group divisions ensured that the unique needs of each specialty area were addressed initially, and then considered within the larger realm of musculoskeletal care.

Measurement of value proved problematic, but in the end, the working groups reached an accord, which Dr. Pisetsky hailed as especially significant.

"In my opinion, the most important aspects of the meeting were the discussions on how to measure value," he said. "While previously we have thought in terms of cost effectiveness, value represents a different dimension that will be increasingly important in the future to assess the care that we provide to patients with the full range of musculoskeletal disease."

*Spine Work Group*

On Thursday, group members reconvened to discuss and finalize the outcomes of the group discussions, and to form the document which would become the basis for the USBJI consensus statement on value.

After some debate on Thursday, summit members issued the following definition of value: "The value in musculoskeletal care is the ability to maximize a person's ability to function in society while minimizing pain and other symptoms, and balancing both risk and cost over the entire life span of that person."

The final statement will be used as a starting point for an action plan and for advocacy at all levels, from local and community outreach to state and federal lobbying initiatives.

"The consensus statement provides a basic building block upon which the various organizations can develop or strengthen their positions for advancing research and treatment," Dr. Templeton said. "The strength of the statement is that it reflects the views of patients and of the participating organizations."

Dr. Gnatz agreed. "The consensus statement represents the wisdom of the members of the USBJI member organizations," he said. "It is designed to highlight the needs for raising awareness of musculoskeletal care through both clinical programs and research funding.

The statement (and the organizations that use it) will be better positioned to engage support for this important area.

"I have always said that the most important aspect of any strategic planning or summit such as ours is the ability to synchronize the thinking of great leaders in the field," he added. "Such synchronization will hopefully bear fruit as the members return to their organizations and contemplate ways to effect positive change in the health care environment."

By providing a clear definition of the value of musculoskeletal care, the final consensus statement also will improve efforts among healthcare providers to promote the value of the work they do, said Dr. Pisetsky.

"The next step in this activity will be to increase focus on value among care providers, including their organizations, and develop the metrics to assess the value

of their services and promote programs to increase it," he said.

"The members of the U.S. Bone and Joint Initiative now need to take the consensus statement to their organizations and promote the value of musculoskeletal health so that patients with these diseases receive their appropriate share of the health care resources," Dr. Andersson said.

"The summit is a starting point," he added. "The USBJI now needs to continue to promote a better understanding of value among its members."

A detailed report on the Summit, and presentations made, are available at **www.usbji.org/rd/?MSKSummit.**

*1 N Engl J Med 2010; 363:2477-2481*

# Congressional Briefing

## *America's War Heroes: Impact of Musculoskeletal Injury and Trauma*

*By Karen Zabel*

On the last day of the USBJI summit, attendees were given a brief introduction into the unique challenges of treating musculoskeletal injuries among today's military members and veterans during a Congressional lunch briefing on Capitol Hill. The opening speaker, retired Marine Sgt. Mike Jackson, Jr., knows firsthand the pain and challenges caused by musculoskeletal injury and disease. In January 2010, Sgt. Jackson was honorably discharged following his diagnosis with advanced early onset osteoarthritis. After five years of military service, Sgt. Jackson returned to his home in Catoosa, Okla., charged with the task of resuming a role in society while dealing with the disabling pain of his disease.

"The disease took a real toll on my shoulders, since I had to carry a significant amount of weight during maneuvers," he told the group.

But Jackson was not discouraged. Relying on his personal perspective and experiences with musculoskeletal disease and injury in the military, the retired sergeant began volunteering at his local chapter of the Arthritis Foundation, where he soon assumed the role of team recruitment chairperson for the chapter's Arthritis Walk. Jackson also began speaking publicly about his experiences as a soldier with musculoskeletal disease, and was named the Arthritis Foundation's National 2012 Walk Honoree.

Jackson, whose osteoarthritis was diagnosed three years after he sustained an injury while on active duty, is not uncommon. According to presenter David Borenstein, M.D., FACP, FACR, then president of the American College of Rheumatology, osteoarthritis is a common condition among military members, exacerbated by strenuous physical

*Congressional Briefing participants*

activity and the extremely heavy loads they must carry while on duty.

"Members of the military are at great risk for musculoskeletal disease," Dr. Borenstein said. "In fact, osteoarthritis occurs more commonly in the military than in the general population, and is a significant cause of disability. Aggressive treatment of osteoarthritis in its earliest stages has the potential to delay the onset of joint destruction."

Physical therapy has its roots in the military, becoming a recognized medical professional field during World War I. By the turn of the 21st century, the need for proactive physical therapy in the military and its value in preparing soldiers for combat became more widely recognized.

Between 2003 and 2008, sport and physical trauma were among the leading injuries, representing 20.9 percent of soldiers evacuated for non-battle injuries from Operation Iraqi Freedom during that period, said COL Barbara Springer (ret), P.T., PhD, OCS, SCS, national director of Ride 2 Recovery's Project HERO (Healing Exercise Rehabilitation Opportunity), an initiative that uses cycling aimed at treating both physical and psychological challenges faced by service members and veterans. As a result, researchers, policymakers and unit leaders are currently collaborating to look at physical performance outcome measures that increase readiness.

"The Army has recognized a need for a proactive comprehensive approach to prevent injury, optimize performance and hasten recovery," Dr. Springer said. "To date, several initiatives have been implemented, including the Pain Management and Musculoskeletal Action Plan (MAP) in 2008 and the Soldier Readiness Campaign in 2010."

These initiatives are aimed at collecting data about musculoskeletal injuries in the military, and developing treatment, recovery and prevention goals and strategies, as well as optimizing performance during duty.

"It is important for military medical professionals to come together as a team and continue to identify the common causes of musculoskeletal injuries, optimize human performance to reduce injuries, treat injuries early and rehabilitate fully; much like what sports medicine teams do."

In addition to non-battle injuries, wounds sustained during combat can have significant musculoskeletal involvement, requiring extensive treatment and recovery periods.

"Combat wounds are different from many other types of wounds," Dr. Springer noted. "The high-kinetic energy from weapons can cause extensive soft tissue injury and multiple areas of trauma. The wounding pattern often requires longer incisions to clean the wound and longer healing times.

"Military physical therapists, other musculoskeletal experts, and our healthcare leaders recognize the large number of musculoskeletal injuries and the impact they have on readiness," she added. "Human performance optimization, injury prevention and the new physical readiness training programs are just a few examples of new initiatives to help prevent or mitigate these injuries."

## Plans and changes in 2012

During 2011 our name was successfully changed from the United States Bone and Joint Decade (USBJD) to the United States Bone and Joint Initiative (USBJI), which is designed to reflect the ongoing and vibrant organization we have become. As of January 1, 2012, most stationary and materials have been changed to the new name. In some instances the old name is still in use, but we aim to operate entirely under the new name as quickly as possible. Our 501(c)(3) status remains the same, as does our EIN number.

The USBJI is the U.S. National Action Network of the worldwide Bone and Joint Decade, which is comprised of similar networks in more than 60 countries.

Our web site address has been changed to **www.usbji.org**.

Our email addresses and office phone numbers have changed as well, and are as follows:

| | |
|---|---|
| Linda Cook, *Administrative Coordinator* | 847-430-5052, lindacook@usbji.org |
| Toby King, *Executive Director* | 847-430-5053, tobyking@usbji.org |
| Shari Maier, *Public Education Programs* | 847-430-5054, smaier@usbji.org |
| Mary Baburich, *Young Investigators Initiative* | 847-430-5055, marybaburich@usbji.org |

Our logo has changed slightly too. Members are welcome to use this on materials and in publications. The logo can be downloaded at **www.usbji.org/rd/?logo**.

Priorities during the coming year include: expansion of *The Burden of Musculoskeletal Diseases in the United States – Prevalence, Societal and Economic Cost;* Project 100 (undergraduate musculoskeletal education); the Young Investigator Initiative designed to increase the pipeline of musculoskeletal researchers and funding of musculoskeletal research; our public education programs including Experts in Arthritis and Fit to a T; interdisciplinary forums, including follow-up to the summit on The Value in Musculoskeletal Care, a workshop on Chronic Osteoarthritis Management; the Pediatric Specialties Group will continue to focus on the effects of obesity on musculoskeletal health; Bone and Joint Health National Awareness Week (Oct. 12-20).

We thank all members and friends of the U.S. Bone and Joint Initiative for your participation and support, and wish you all the best in 2012.

## Chronic Osteoarthritis Management Initiative

Patients with osteoarthritis (OA) might be better served by changing the practice paradigm to one that is similar to other chronic diseases which include longitudinal, early, and proactive management, patient education, and coordinated, inter/multidisciplinary interventions. A patient-centered, multimodal approach will better achieve the desired patient goals of pain relief, increased function, and decreased disability.

The USBJI will convene a Working Group, May 2012, to assess the validity of this proposal, and if it concludes that there is merit, to propose steps to be taken to address the issue.

The goal of this proposed project is to reshape the current practice paradigm of osteoarthritis in order to improve patient outcomes and patients' experience of care in our healthcare system. This project would be seen as running in tandem with and perhaps sharing joint projects with other patient-centered programs already started, such as the OA Action Alliance.

The Working Group will consist of thought and clinical practice leaders in this field from a variety of organizations whose members are involved in OA treatment or research or represent the patients and families of those with OA.

The goal of this initial meeting will be to discuss the current treatment paradigm of osteoarthritis and to identify the gaps in research, education, and treatment. The Working Group will also discuss the feasibility of developing and promulgating a shift in OA management, to align it more with those utilized for other chronic diseases. There should be discussion of how knowledge of OA prevention and treatment should be enhanced, especially among primary care providers and the public. This new treatment paradigm should also explore how OA impacts the development and treatment of other chronic conditions (e.g., diabetes), and how the new paradigm could be incorporated into the management of these other conditions. Sex/gender and race/ethnicity issues in terms of disparities of incidence and care will also be explored.

For further information, contact Toby King at tobyking@usbji.org, or 847-430-5053.

## Burden of Musculoskeletal Diseases in the United States

Eight of nine chapters in this publication have been updated during the past year. They can be viewed and downloaded at no cost at **www.boneandjointburden.org.**

The publication details and provides tables and charts on the prevalence, societal and economic cost of the major musculoskeletal conditions. In 2011 a survey among members provided input on how this excellent publication, core to efforts to draw attention to musculoskeletal disorders, should be expanded. The USBJI Board reviewed the results at their meeting in June and made a number of recommendations, including that a more standardized structure and format for each chapter be developed. In addition to the core data, fast facts should be added, as well as a cost issues summary, examples of the impact of recent research, patient stories, more on co-morbidities, systemic complications, disparities and gender issues. A slide set should be developed, a hand-held model, and chapters on children and geriatrics. The USBJI Data Group will be working on these recommendations.

## New USBJI Board Members


Dr. Thomas Best


Dr. Steve Gnatz


Marjorie Kulesa


Dr. Andrew Laster


Amy McGuire Porter


Dr. Jan Richardson


Dr. Peter Trafton


Dr. Paul Ullucci


Charlene Waldman


Dr. Janet Wyatt

Thomas Best, MD, PhD, FACSM – American College of Sports Medicine

Steve Gnatz, MD, MHA – American Academy of Physical Medicine and Rehabilitation

Marjorie Kulesa, RN, BS, ONC, CNOR – National Association of Orthopaedic Nurses

Andrew Laster, MD, FACR, CCD – International Society of Clinical Densitometry

Amy McGuire Porter – National Osteoporosis Foundation

Jan Richardson, PT, PhD, OCS – American College of Rheumatology

Peter Trafton, MD, FACS – Orthopaedic Trauma Association

Paul Ullucci, Jr., DPT, ATC, SCS, LAT, CSCS, C-DSc – National Athletic Trainers' Association

Charlene Waldman – The Paget Foundation for Paget Disease of Bone and Related Disorders

Janet Wyatt, PhD, RN, FAANP – Arthritis Foundation

The Board thanks Cate Brennan Lisak, Dr. Marian Hannan, Dr. Joshua Jacobs, Kathy Kuntzman, Dr. Eileen Moynihan, Dr. Barry Smith, Gene Wurth, and Virginia Bukata for their service to the organization. Virginia Bukata has kindly agreed to become a special advisor to the Board.

During the year Dr. Janet Wyatt was appointed to the National Advisory Council for the federal Agency for Healthcare Research and Quality (AHRQ). Board member Joseph O'Brien was appointed as a patient representative on the Advisory Panel of the FDA's Center for Devices and Radiological Health. Congratulations to past president Dr. Nancy Lane for her election to Mastership by the American College of Physicians.

## National Bone Health Alliance

The Alliance has announced their "20/20 Vision" for reducing hip and other fractures 20 percent by 2020. A key element to achieve this vision is the NBHA proposal to establish a Fracture Liaison Service within Medicare and other health systems. The Alliance also is proposing a Bone Turnover Marker Standardization Project, and has started work on a public and health professional awareness campaign. **www.nbha.org**

## Fit to a T updated

The USBJI's public education program *Fit to a T's* presentation and handout materials have all been given a fresh look and updated. More than 80 sessions were held during 2011, and more than 400 held in total. To learn more about how you can host or present a session, please visit **www.fit2t.org**, or call Shari Maier at 847-430-5054.

Fit to a T

## OA Action Alliance — Physical Activity Work Group Update

The Osteoarthritis (OA) Action Alliance is a national coalition of organizations mobilized by the Arthritis Foundation and the Centers for Disease Control and Prevention (CDC) that is committed to elevating OA as a national health priority and promoting effective policy solutions that aim to address the individual and national toll of OA. The mission of the OA Action Alliance is to work collectively to advance the recommendations outlined in A National Public Health Agenda for Osteoarthritis by promoting action to prevent and control OA and its progression through proven interventions, public policies, communication strategies and enhanced research initiatives. Four workgroups have been formed to implement the Public Health Agenda for OA: Physical Activity, Self Management Education, Injury Prevention, and Weight Management and Nutrition.

USBJI Board members Dr. Tom Best, Dr. Leigh Callahan and Dr. Anita Bemis-Dougherty are on the Physical Activity workgroup. This workgroup has been having monthly conference calls and is working on an environmental scan survey as the first step. The purpose of conducting this environmental scan is to gather information about existing programs and/or services (e.g., physical activity, exercise) for people with osteoarthritis (OA), and arthritis in general. In order to move forward, it is important to understand what programs and services already exist. Also, the criteria for the scan will help the PA Work-Group judge the quality of existing programs and services. Initially, the data from this environmental scan will be used as an internal workgroup organizational document and/or directory of programs.

## USBJI MISSION

**To promote and facilitate collaboration among the public, patients, and organizations to improve bone and joint health through education, research and advocacy.**

Experts in Arthritis

## Experts in Arthritis expanded

During 2011 a task force of experts developed a prepared presentation and materials for the Experts in Arthritis program. This program within the USBJI's public education program is being expanded and was offered in conjunction with the annual meetings of the American College of Rheumatology and the American Occupational Therapists Association. It was also offered to local community groups in Haysville and Kansas City, KS, Voorhees, NJ, Pittsburgh, PA, and Fredericksburg, VA. To learn more about how you can host or present a session, please visit **www.usbji.org**, or call Shari Maier at 847-430-5054.

## Young Investigators Urged to Apply for USBJI Grant Mentoring and Career Development Program

The United States Bone and Joint Initiative (USBJI) and Bone and Joint Decade Canada are dedicated to increasing research of musculoskeletal diseases. The USBJI's Young Investigator Initiative is a grant mentoring and career development program to provide early-career clinical and basic investigators an opportunity to work with experienced researchers in our field to assist them in securing funding and other survival skills required for pursuing an academic career.

This program is open to promising junior faculty, senior fellows or post-doctoral researchers nominated by their department or division chairs. It is also open to senior fellows or residents that are doing research and have a faculty appointment in place or confirmed. Basic and clinical investigators, without or with training awards (including K awards) are invited to apply. Investigators selected to take part in the program attend two workshops, 12-18 months apart, and work with faculty between workshops to develop their grant applications. The unique aspect of this program is the opportunity for attendees to maintain a relationship with a mentor until their application is funded.

Deadline to apply for the cycle starting with the Fall 2012 Workshop is July 15, 2012. To apply for this program, please go to our web-site, **www.usbji.org/rd/?yii** or contact Mary Baburich at 847-430-5055 or marybaburich@usbji.org.

## How Do We Get Policy Makers to Take Musculoskeletal Conditions Seriously?

*Anthony D. Woolf, FRCP, MBBS, Chair, BJD International Coordinating Council*

Dr. Anthony Woolf, chair, International Coordinating Council, Bone and Joint Decade, was the Distinguished Lecturer of the Association of Rheumatology Health Professional's meeting held recently in Chicago. He presented his lecture on "How Do We Get Policy Makers to Take Musculoskeletal Conditions Seriously?" Dr. Woolf discussed the achievements of the United States Bone and Joint Initiative, the burden of musculoskeletal diseases in developing as well as developed countries, and strategies that can be undertaken at a national level to reduce the burden. The lecture can be viewed at **www.usbji.org/rd/?2011WoolfACR .**

## New Members

**The USBJI welcomes new members:**

American Medical Society for Sports Medicine

American Society for Surgery of the Hand

New York State Chiropractic Association

Spondylitis Association of America

University of Connecticut School of Medicine

# Thanks to Supporters

***The USBJI thanks the following for their support of USBJI programs during 2011:***

## *Musculoskeletal Summit*

**Major**

American Academy of Orthopaedic Surgeons
American College of Rheumatology
Zimmer

**Supporter**

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American College of Sports Medicine
American Osteopathic Academy of Orthopedics
American Physical Therapy Association
American Society for Bone and Mineral Research
Arthritis Foundation
Biogen Idec/Genentech
International Society for Clinical Densitometry
Medtronic
National Athletic Trainers' Association
National Osteoporosis Foundation
National University of Health Sciences
New York State Chiropractic Association
Orthopaedic Research Society
Orthopaedic Trauma Association
Pediatric Orthopaedic Society of North America
Scoliosis Research Society
Kimberly Templeton, MD
Mark Wieting, Official Photographer

## *Public Education Programs – Fit to a T and Experts in Arthritis*

Amgen, Inc.
Eli Lilly
Genentech, Inc.

## *Young Investigator Initiative*

American Academy of Orthopaedic Surgeons/Council on Research and Quality
American Physical Therapy Association
American Society for Bone and Mineral Research
Canadian Orthopaedic Foundation
National Institutes of Health/ National Institute of Arthritis and Musculoskeletal and Skin Diseases
Orthopaedic Research and Education Foundation
Orthopaedic Research Society
The Arthritis Society
Zimmer, Inc.

# USBJI Honors Dr. Stephen Katz

*Dr. Kimberly Templeton, Dr. Edward Puzas, Dr. Stephen Katz, Toby King*

The USBJI honored Dr. Stephen Katz, Director, National Institute of Arthritis and Musculoskeletal and Skin Diseases, during dinner on October 12 at the time of the Musculoskeletal Summit. USBJI President Dt. Templeton presented him with a plaque in appreciation for his support and leadership over the past ten years in advancing the mission of the Bone and Joint Decade.

## *Helping to be Green*

If you are still receiving your USBJI newsletter in the mail, and would you like to help the USBJI save paper and money by receiving your newsletter by email, simply send us your email address to usbji@usbji or call us at 847-430-5052. Thank you!

## U.S. Bone and Joint Initiative

The USBJDI Newsletter serves as a means of communication for participating organizations, their members, and other affiliated organizations. To submit a story idea or an article, please contact:

U.S. Bone and Joint Initiative
6300 N. River Road
Rosemont, IL 60018
Ph 847-430-5052/5053
Fax 847-823-1822
usbji@usbji.org
www.usbji.org

## Health Reform: 3 Important Points

- It is the law RIGHT NOW!
- Makes it easier for U.S. citizens to get and keep health care insurance.
- Makes health care more affordable for EVERYONE!


Community Health Councils
www.chc-inc.org

## Health Reform helps you get coverage and keep it through…

- Making health insurance more affordable, for more people
- New consumer protections
- Improved quality of care & lowered costs
- Regulating the insurance companies
- Employer incentives


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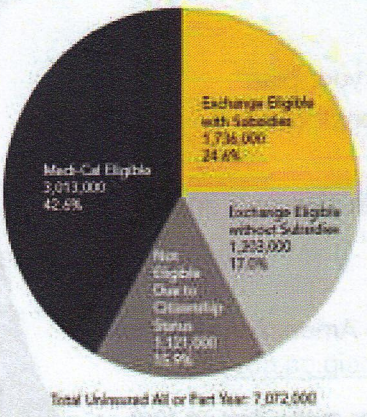
## Health Reform Helps Uninsured Californians!




- **37 million** people live in CA
- **7 million** are **uninsured**
- Health reform can help **4.7 Million** Californian's become insured

Source: 2009 California Health Interview Survey

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## Access to Affordable Healthcare

| Household Size: | 400% FPL (means you make): |
|---|---|
| An Individual | $42,626 |
| 2 | $62,441 |
| 3 | $78,657 |
| 4 | $94,872 |

- By January 1, 2014, families with incomes up to these amounts will get subsidies to help them by insurance in the CA Health Benefit Exchange.

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## New Consumer Protections

**Insurance Companies Can't:**

- Drop your coverage*
- Place lifetime & annual limits on your plan*
- Deny people with pre-existing conditions

**Insurance Companies Must:**

- Allow kids to stay on their parents plan until age 26*
- Provide free preventive care*

**The Government Will:**

- Provide Insurance for Uninsured Americans with Pre-Existing Conditions (http://www.pcip.ca.gov)

** Applies to health plan years beginning on or after Sept. 23 2010*

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## Improved Quality of Care

- Private Plans and Medicare MUST provide preventative care services at no cost to you.
  - Mammograms
  - Blood pressure, diabetes and cancer screenings
  - Flu shots
  - Classes to help you quit smoking
  - and more!
- Qualified health insurance plans must offer the same basic benefits in their lowest tier plan.

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## 2014: Just Around the Corner

- **Health Insurance Exchanges**
- **Consumer Tools**
- **Financial Assistance**
- **Individual and Employer Mandates**

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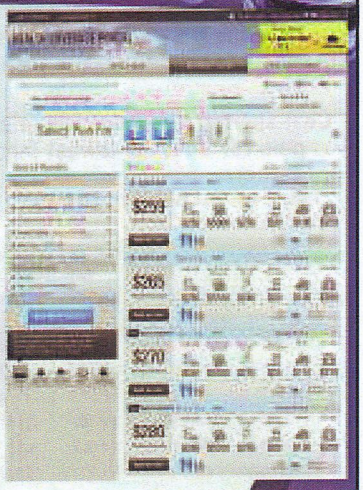
## Health Exchanges: NEW Marketplaces

**Insurance Exchanges—start Jan. 1st 2014**

- Shopping mall for public or private health plans
- All the plans in the Exchanges will have to offer a **minimum set of benefits**
- Information must be **plain, simple to understand**
- Medicaid, Bronze, Silver, Gold, Platinum plans
- **Limits on out-of-pocket expenses** for families
- **Financial help** through tax credits and subsidies
- **Individual, family or small business*** will get information about plans, coverage, providers, and much more.



*Small business with up to 100 employees.

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## Consumer Assistance

**Single Application:** "no wrong door" application that helps individuals enroll into coverage in the Exchange or public programs whether it's by mail, phone, online, or in-person.

**Navigators:** entities that will help consumers get information about and enroll into coverage and help troubleshoot problems encountered by consumers.

**Web portal:** website to help consumers compare qualified health plans, estimate costs, look at benefits, see provider networks, facilitate enrollment, get information about coverage options, and much more.

**Call Center**: toll-free call center that addresses the needs of consumers requesting assistance.

**Exchange calculator:** electronic calculator to help consumers compare available plans including information about premium tax credits and any cost-sharing help.

**Outreach and education:** Exchanges must conduct outreach and education activities to educate consumers about the Exchange and to encourage participation.

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## Financial Assistance for Affordable Coverage

**Tax Credits** will vary based on the individual's or family's income. It will also vary based on the plan that the individual or family chooses to buy.

**Cost-sharing Subsidies** will ensure that most of costs of coverage are paid for 94% for lowest income earners, 70% for highest income earners.

*Source: Families USA www.familiesusa.org

Table 5: Maximum Premium Contribution for Individual Coverage

| Income | | Maximum Premium Contribution | |
|---|---|---|---|
| Percent of Poverty | Dollars | Annual | Monthly |
| 100% | $10,830 | $217 | $18 |
| 150% | $16,245 | $650 | $54 |
| 200% | $21,660 | $1,365 | $114 |
| 250% | $27,075 | $2,180 | $182 |
| 300% | $32,490 | $3,087 | $257 |
| 350% | $37,905 | $3,601 | $300 |
| 400% | $43,320 | $4,116 | $343 |

Table 6: Maximum Premium Contribution for Coverage for a Family of Four

| Income | | Maximum Premium Contribution | |
|---|---|---|---|
| Percent of Poverty | Dollars | Annual | Monthly |
| 100% | $22,050 | $441 | $37 |
| 150% | $33,075 | $1,323 | $110 |
| 200% | $44,100 | $2,778 | $232 |
| 250% | $55,125 | $4,438 | $370 |
| 300% | $66,150 | $6,284 | $524 |
| 350% | $77,175 | $7,332 | $611 |
| 400% | $88,200 | $8,379 | $698 |

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## Individual & Employer Mandates

**Individuals:** required to get minimum essential coverage, with the exception of some individuals.

**Employers:** Depends on size of the firm:

- < 25 employees: employer can get tax credits for providing coverage and access to the exchange
- < 100 employees: Can participate in the exchange
- 50+: If the employers plan is too expensive or provides bad coverage then employees can access **the exchange** and **subsidies**
- 200+: Must enroll employees in a plan unless the employee opts out

**If you don't get coverage, you'll have to pay a penalty.**

*Source: UC Berkley Labor Center. Summary of Provisions Affecting Employer Sponsored Insurance. July, 2011*

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## Threats to Health Reform

- State budget cuts to the Medi-Cal program and health safety net services
- Supreme Court lawsuit of the Affordable Care Act
- Federal budget and appropriations funding threats

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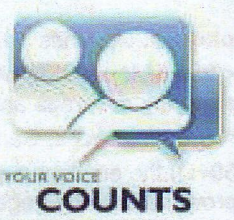
## Get Involved!

**Spread the Word:** Talk to your family, friends and community members about health reform.

**Help Protect Reform:** Call your lawmakers (state and congressional), urge them to implement the law. Protect funding for implementation and existing health care safety net services.




**Share YOUR Thoughts:** California is moving forward with implementation and we need to hear from community members. Help inform what reform looks like in our state.

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## Contacting Your Lawmakers

State and federal elected officials need to hear from you! You can call, email, write, or visit.

**How to find your lawmakers:**

- State: http://www.legislature.ca.gov/
- Congressional:
  - Call U.S. Capitol Switchboard at (202)224-3121 and ask for your senators' and/or representative's office
  - http://www.usa.gov/Contact/Elected.shtml

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# THANK YOU!

**Want more information?**

- Kaiser Family Foundation: http://healthreform.kff.org/
- Healthcare and You: http://www.healthcareandyou.org/
- Health Reform website: http://www.healthcare.gov

**Contact:**

Sadio Woods swoods@chc-inc.org
Fatima Morales fmorales@chc-inc.org

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| | |
|---|---|
| **From:** | Cindy Young (ciyoung@ph.lacounty.gov) |
| **To:** | ybecerra@ymail.com; |
| **Cc:** | gcolvin@breastfeedla.org; kpeters@breastfeedla.org; mleighs@ph.lacounty.gov; sbogert@ph.lacounty.gov; |
| **Date:** | Thursday, December 8, 2011 7:58 AM |

Dear Yolanda,

On behalf of RENEW, I would like to thank you for the support and assistance you have given to our breastfeeding initiatives with RENEW. You and the Commission for Women have opened up several doors which have allowed RENEW to make significant progress with our goals and objectives. Below is an update on the progress we have made with your assistance.

Baby-Friendly Hospital Initiative

At Harbor-UCLA, through the assistance of the Commission for Women we were able to schedule an appointment to meet with the new CEO, Delvecchio Finley, to discuss the Baby-Friendly initiative and gain his support for purchasing formula at his hospital. As of Nov 4 for Abbott and Nov. 9th for Mead Johnson, both Harbor-UCLA and LAC+USC are purchasing formula. We are now scheduled for an on-site Baby-Friendly assessment at Harbor for February 13 and 14 and at LAC+USC for February 15 and 16. Mr. Finley is actively involved in our Baby-Friendly committee and in assuring that we will be prepared for our assessment.

County of Los Angeles, Work-site Lactation Accommodation Program

We have made significant progress with the County of Los Angeles Lactation Accommodation Policy - PPG 705. Through the Commission for Women, we were able to schedule an appointment with the Director of Human Resources, Lisa Garrett. At that meeting, we were assigned to work with Linda Hopkins who helped to convene a workgroup to address this topic.
On Oct 13, 2011, we met with Department of Human Resources, CEO and County Counsel to discuss the policy and implementation. It was concluded that the policy that was adopted in September of 2011 needed to be revised to be compliant with State and Federal laws even though it had already been adopted and disseminated. RENEW provided revised language for this policy. A point person, Merce Gillo from the Department of Human Resources was designated to be in charge of the

Lactation Program for the County. The Return-to-Work Coordinator in each department was designated as the person responsible for working with Supervisors to ensure that all mothers are accommodated.

Oct 24, Oct 26, and Nov 1 - RENEW Provided a 15 minute training to approx 500 FMLA coordinators throughout the County on the basics of the policy and the resources that will soon be available. Once the policy is finalized and all implementation materials are completed and approved, an extensive training will be provided to all Return-to-Work Coordinators.

Oct 27 - Provided a 15 minute training to approximately 70 Departmental Human Resource Managers on the basics of the policy and the resources that will soon be available.

Oct 26 - We met with the website designer for DHR to map out what will be posted on the designated Lactation Accommodation Program webpage. This webpage will be housed on the County's website at dhr.lacounty.info, under Employee Benefits.

These are the items that will be on the page:
Lactation Policy
Brochure - Created by RENEW
Powerpoint for supervisors with user notes
Handout entitled "Preparing for Baby: How to maximize your benefits - Created by RENEW
Breakroom poster - Created by RENEW

The resources section of the page will include:
LA County Childcare
MCAH
EAP
Choose Health LA
Breastfeeding Task Force
Womanshealth.gov
WIC

RENEW is in the process of finalizing the above items.

We will also be posting a list of lactation room locations on the County intranet.

On Oct 26, we also met with Victoria Pipkin-Lane, Director of Office of Workplace Programs to discuss creating a discount pump program for

We will also be posting a list of lactation room locations on the County intranet.

On Oct 26, we also met with Victoria Pipkin-Lane, Director of Office of Workplace Programs to discuss creating a discount pump program for employees. Without a good pump, employees cannot successfully continue to pump long-term. By providing pumps at a discounted rate, more employees might be able to afford the high cost. Victoria seemed interested in the idea and asked RENEW to provide birth rate information for County employees to see how many people this program might potentially impact.

We are hopeful that the revised policy will be adopted and that all materials will be posted on the DHR website by January.

On January 18, 2012, we will be training Return-to-Work Coordinators at the Return-to-Work symposium about the policy and the procedure for accommodating mothers who desire to pump at work.

Thank you again for all of your assistance and support of our grant. Your involvement will affect the decision to breastfeed for many women here in Los Angeles County.

Sincerely,

Cindy Young

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